PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  09/593904													24
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
FO	R	NUM	NUMBER FILED		NUMBER EXTRA			RAT	E	FEE		RATE	FEE
BAS	SIC FEE			\$ /				3,22		345.00	OR		690.00
TO	TAL CLAIMS	1,4		s 20=	•			X\$ 9=			OR	X\$18=	·
IND	EPENDENT CL	AIMS	2 min	us 3 =	· —			X39=			OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+13	)= -		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2											OR	TOTAL	690
CLAIMS AS AMENDED - PART II									OTHER THAN SMALL ENTITY OR SMALL ENTIT				
		(Column CLAIMS			Column 2) HIGHEST	(Column 3)				ADDI-			ADDI-
AMENDMENT A		REMAININ AFTER		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		TIONAL		RATE	TIONAL FEE
	Total	AMENDME	Minus		20	=		X\$	9=-		OR	X\$18≥	
	Independent		Minus	••	· >	·=	_	X3:	<del></del>		OR	X78=	
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	O=		OR	+260=	
							T	OTAL		OR	TOTAL		
	(Column 1) (Column 2) (Column 3						ı	ADDIT	FEE	L	<b>_</b>	ADDIT. FEE	
MENDMENT B		(Column CLAIMS REMAINI	S		HIGHEST NUMBER	PRESENT		RA	TF	ADDI- TIONAL	]	RATE	ADDI- TIONAL
		AFTER AMENDM	177 H2245 PARSE		PREVIOUSLY PAID FOR	EXTRA		-		FEE	4		FEE
	Total	. 15	Minus		0	=	-	X\$	9=		OR	X\$18=	<u> </u>
	Independent	<u>ا۔ ک</u>	Minus		S CLAIR	<u>                                     </u>	┢	X3	9=		OR	X78=	<u> </u>
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	30=		OR	+260=	
								ADDIT	OTAL . FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										_		
AMENDMENT C		CLAIM REMAIN AFTE	ING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RA	ΙTΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	AMENDA • /S	Minus		.20	=	1	XS	9=		OF	X\$18=	
	independent	1. 3	Minus		<u>3</u>	= /		X	 39=		OF	X78=	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	-	30=	1	OF		
	• If the entry in co	lumn 1 is less	than the entry	in column	2, write "0" in	column 3.		L	ΙΟΤΑ		-1	TOTA	<u> </u>
	" If the "Highest N	lumber Previo	busly Paid For	N THIS S	SPACE IS IOSS T	nan 20, enter 2 han 3. enter 3		ADDI	T. FEI	<u> </u>	OF	ADD11.1 C	E
1	"If the "Highest No The "Highest No	umber Previou	usly Paid For" (	Total or In	dependent) is t	ne highest num	per	iound if	me a	thbiohuara i	WW 1811	vvienii.	

Application or Docket Number